



PTO/SB/81 (04-05)

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/501,029		
	<b>Filing Date</b>	January 10, 2003		
	<b>First Named Inventor</b>	Zita Jegesne Csakai		
	<b>Title</b>	PHARMACEUTICALLY EFFECTIVE COMPOUNDS		
	<b>Art Unit</b>	1645		
	<b>Examiner Name</b>	Not Yet Assigned		
	<b>Attorney Docket No.</b>	CytRx/016		

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b>		<b>Date</b>	2/1/06
<b>Name</b>	Benjamin Levin	<b>Telephone</b>	310-826-5648
<b>Title and Company</b>	General Counsel, CytRx Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of One forms are submitted.

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